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**Credit Card Authorization Form**

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Nevada Educator License Number (if applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_

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Month Year

I understand and agree that I am authorizing the Nevada Department of Education to charge my account. The payment amount may not exceed the amount above. I certify that I am an authorized user and will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in the form.

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